

The Nova Scotia Medical Bulletin

MARCH 1928



Leading Features This Issue:

C. M. A. POST GRADUATE LECTURES

March 16th to 28th, 1928

C. M. A. ANNUAL MEETING

CHARLOTTETOWN, P. E. I.,

June 18th to 23rd, 1928

EDITORIAL

OBITUARYS

PERSONALS

PRINTED BY
IMPERIAL PUBLISHING CO., LIMITED
HALIFAX, CANADA

Ephedrine Hydrochloride "Frosst"

is the salt of the true alkaloid, isolated from the Chinese plant Ma Huang, and may now be obtained in the following forms:—

Tablets, moulded

- Tablet No. 277, Ephedrine Hydrochloride 1/4 gr.
" No. 278, Ephedrine Hydrochloride 3/8 gr.
" No. 279, Ephedrine Hydrochloride 1/2 gr.
" No. 280, Ephedrine Hydrochloride 3/4 gr.

These are moulded tablets, suitable for oral or hypodermic use, each size being put up in tubes of twenty and bottles of one hundred.

Solution

3% Solution of Ephedrine Hydrochloride in one ounce bottles.

Ephedrine acts in the human body much like Epinephrine, with the distinct advantages that it may be administered orally, and that the action is much more prolonged, while Epinephrine may only be given hypodermically and its action is fleeting.

Charles E. Frosst & Co.

MONTREAL, Canada

Manufacturing Pharmacists since 1899



The Intensive Treatment of Syphilis

ARSENICAL THERAPY

NOVARSENOBENZOL BILLON

The really intensive treatment of syphilis is best realized by intravenous injections of NOVARSENOBENZOL BILLON.

The Canadian-made product offers the additional guarantee of recent preparation and of direct control over every lot offered to the Profession in Canada.

SULPHARSPHENAMINE BILLON

Used for the intramuscular or subcutaneous treatment of syphilis.

BISMUTH THERAPY

RUBENE

Chemically pure Iodide of Bismuth and Quinine in oily suspension. Supplied in boxes of 12 ampoules of 3 cc. containing 10 centigrams of the active product per cc.

NEO-LUATOL

Chemically pure Hydroxide of Bismuth in oily suspension. Supplied in boxes of 12 ampoules of 2 cc. Each ampoule contains 20 centigrams of the active product, equivalent to 16 centigrams of metallic Bismuth.

Literature and revised price list on request.

LABORATOI RY POULENC FRERES (Canada) Ltd.

SUPPLIED THROUGH YOUR DEALER OR FROM

ROUJER FRERES Distributors - 210 Lemoine Street, MONTREAL

THE WORK OF A LIFETIME

Have you Safeguarded it?

Have you provided enough protection to secure it for your family after your own administration has ceased?

Prudent men of all times have left behind them carefully drawn Wills. The need for such protection was never greater than it is to-day.

It is your duty to your family to have your Will drawn and drawn correctly. A slip in phrasing or punctuation may change the whole meaning of a clause in your Will.

Do not have a homemade Will—it may prove fatal to your family.

Our officials are experienced in matters of this kind and will be pleased to discuss your Will with you and have it drawn by a solicitor.

The Nova Scotia Trust Company

EXECUTOR

TRUSTEE

GUARDIAN

162 Hollis Street

Halifax, N. S.

SELFISHNESS and SERVICE

With this issue of the Medical Journal, which will reach every Physician in the Maritime Provinces of Canada and in Newfoundland, we wish to emphasize in this broader field, our ruling principle of

Service to the Utmost

In this we claim no altruism—Except as it accompanies self seeking. An experience of fifty years has taught us, beyond disputing, that only as we render the best of advice to investors, can we hope for lasting prosperity.

Our partial payment plan is most attractive and strongly conducive to saving.

Description booklet on request.

Ask for our Investment Recommendations to meet your particular requirements.

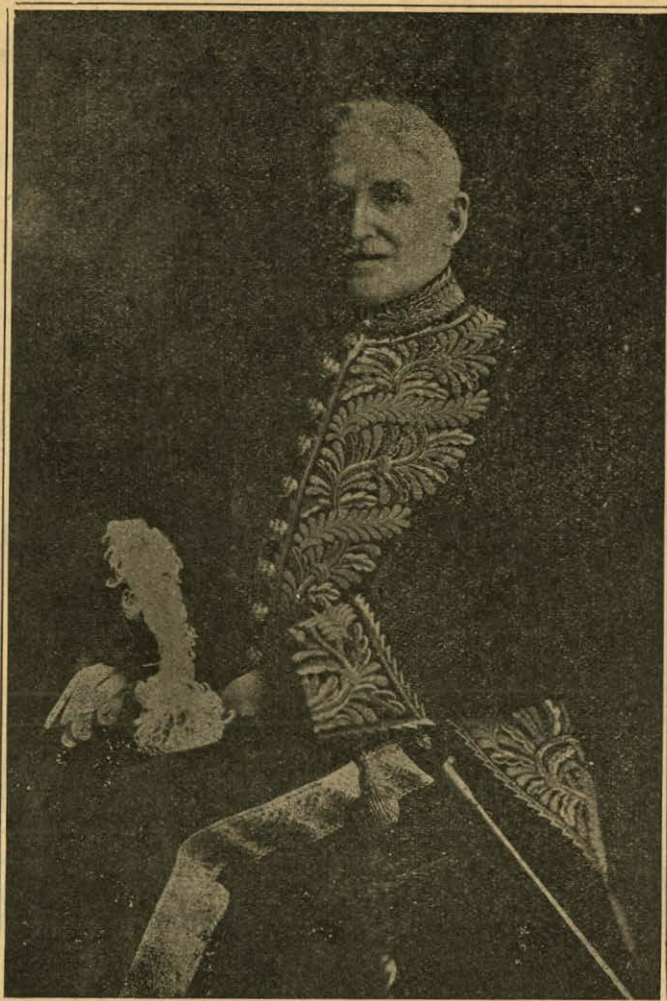
J. C. Mackintosh & Co., Ltd.

Investment Securities

Established 1878

-

171-173 Hollis St., Halifax



CANADIAN MEDICAL ASSOCIATION.

Lieutenant-Governor Hartz, whose photograph is shown above, was born in Charlottetown and educated at Prince of Wales College, and Upper Canada College, Toronto.

A few years ago he was a prominent business man, and stock raiser, and at the present time is a director of the Canadian Bank of Commerce.

At the time of the sixtieth Anniversary of Confederation, he was made Honourable for life.

From the time of Sir Robert Hodgson, who was the first native born Governor, no more popular man than Mr. Hartz has represented His Majesty in this Province. His entertainments have been so lavish that his salary would be inadequate to meet the expenses, but he does not hesitate to draw upon his wealth in order that the dignity of this important office may be maintained. Visitors to our shores including Lord and Lady Willingdon know something of his hospitality, and while that degree of excellence which becomes the King's representative is ever in evidence, to his friends he is always plain "Frank."

At the fifty-ninth Annual Meeting of the Canadian Medical Association at Charlottetown in June next, visitors will be hospitably entertained at "Edgewater" the home of Lieutenant-Governor and Mrs. Hartz.

HONORABLE FRANK HEARTZ.

Lieutenant-Governor, Prince Edward Island.

The Fifty-Ninth Annual Meeting of the Canadian Medical Association

Charlottetown, P. E. I., June 18-23, 1928.

WE are pleased to announce in this issue of the BULLETIN that arrangements have been completed with the following to take part in the programme of the Charlottetown Meeting:—

DR. L. J. AUSTIN, Kingston—	The Wasted hand.
DR. ALLAN BROWN, Toronto—	Some common mistakes in diagnosis and therapy in diseases of children.
DR. ALAN BROWN, Toronto—	(Public Meeting)—Sunlight—its effect on growth and resistance of the child.
SIR LENTHAL CHEATLE, London, England—	Surgical Subjects.
DR. E. M. EBERTS, Montreal—	Carcinoma and ulcer of the stomach, with demonstration of wax models.
DR. A. GRANT FLEMING, Montreal—	Responsibilities and opportunities of the general practitioner in preventive medicine.
DR. A. GRANT FLEMING, Montreal—(Public Meeting)—	(Public Meeting)—The value of periodic health examinations.
DR. JOHN FRASER, Montreal—	Cancer of the cervix uteri; the value of hysterectomy versus radiation in early cancer of the cervix.
DR. A. H. GORDON, Montreal—	Some clinical aspects of hypothyroidism.
DR. DUNCAN GRAHAM, Toronto—	The treatment of pernicious anaemia.
DR. W. B. HENDRY, Toronto—	Heart disease and pregnancy.
THE HON. J. H. KING, M.D.—	Immigration.
DR. G. H. MURPHY, Halifax	The post-operative accident.
DR. HELEN MACMURCHY, Ottawa—	Maternal mortality.
DR. R. E. POWELL, Montreal—	Benign Papilloma of the bladder.
DR. R. D. RUDOLF, Toronto—	The use of sulpho-cyanate of soda in high blood pressure.
DR. P. H. T. THORLAKSON, Winnipeg—	Primary ulcerative colitis.
DR. GEO. L. TOBEY, JR., Boston—	Consideration and treatment of chronic purulent otitis media.
DR. A. F. VANWART, Fredericton—	Types of encephalitis lethargica in New Brunswick.

When the Executive Committee engaged the palatial steamer, "Northland", for a two weeks' cruise, allowing for a week in Charlottetown, there was little doubt in our minds but what sufficient number would be interested to make up the guarantee demanded by the Steamship Company. We must frankly admit, however, that we did not think that, by the first of February, 1928, the boat would be sold out. Such, however, is the case. Doctors and their wives, to the number of approximately 150, are looking forward to the cruise with a great deal of pleasure. The party leaves Montreal on the morning

of Thursday, June 14th, docking in Charlottetown four days later. Returning, the boat leaves Charlottetown on Saturday, the 23rd, arriving in Montreal on the 26th.

Maritime Golfers, Attention! Last year the Canadian Medical Association conducted a very successful Golf Tournament, the first prize being a valuable challenge cup, donated to the parent Association by the Ontario Medical Association. This beautiful cup is to be played for at Charlottetown during the week of the Convention with the regular golf Association rules to govern. All those who are interested are urged to plan to be in Charlottetown not later than Monday, June 18th. Be sure and advise Dr. Tidmarsh of Charlottetown, Chairman of the Golfing Committee, of your desire to play.

We are now sure of a splendid programme, a good attendance and plenty of pleasure. The meeting is going to be a most successful one. It is earnestly hoped that the attendance from the three Maritime Provinces will be the best in their history.

T. C. ROUTLEY,
General Secretary.

Graduates of Dalhousie. Attention! The graduates of McGill and Toronto plan a special meeting or Luncheon or Dinner at the next meeting of the C. M. A. at Charlottetown. Is there any good reason why the forty or fifty Dalhousie men should not have a reunion? What do you say? Shall I go ahead and arrange for it? Drop me a line.

S. L. W.

There seems to be a sort of epidemic just now of new and wonderful machines to promote the health or cure the illnesses to which the people in Nova Scotia are subject. Our knowledge of this is based on the advertising or news items in the daily and weekly press. Such terms as Farador, Patho-Nemometer, Oscilloclast, etc., are now more or less familiar. But the gem of them all comes now from Guysborough, viz.—“Vit O’ Nit’,” which even boasts of a “Home” and Matron, Mrs. Marion O’Connell. Last year, if we mistake not, this party held forth in Canso. While there will always be some people who will gladly pay something for nothing the medical profession should give the word of warning whenever occasion offers. Having warned this party last year the Provincial Medical Board would welcome any information showing an offer to treat disease by this *will o’ the wisp*.

PRINCE EDWARD ISLAND MEDICAL SOCIETY.

Medical Directory.

1927-1928.

President.....	DR. J. C. HOUSTON, Charlottetown.
Vice-President.....	DR. E. J. KEIR, Alberton.
“ “.....	DR. R. F. SEAMAN, Charlottetown.
“ “.....	DR. R. J. McDONALD, St. Peter's Bay.
Secretary.....	DR. G. F. DEWAR, Charlottetown.
Treasurer.....	DR. I. J. YEO, Charlottetown.
Auditors.....	DRS. J. W. MCKENZIE and G. L. SMITH.
Executive Committee.....	DR. P. McINTYRE.
“ “.....	DR. W. J. MCMILLAN.
“ “.....	DR. J. F. McNEIL.
Medical Council.....	DR. JAMES WARBURTON (Registrar).
“ “.....	DR. W. J. MCMILLAN.
“ “.....	DR. E. T. TANTON.
“ “.....	DR. G. F. DEWAR.
“ “.....	DR. I. J. YEO.
“ “.....	DR. S. R. JENKINS.
“ “.....	DR. J. F. McNEIL.
Medical Council of Canada.....	DRS. WARBURTON, TANTON, SEAMAN, HOUSTON, DEWAR.

A PROGRESS REPORT.

The regular weekly meeting of the Canadian Medical Association committees was held in Queen Square School on Tuesday, at 4.30 p. m.

The minutes of previous meeting were read and adopted. Correspondence was also presented and discussed.

The plan for exhibitors' stalls in Prince of Wales College, forwarded by Dr. Routley, General Secretary of Canadian Medical Association, was also discussed. Nineteen stalls have already been reserved by various firms, nine are still available. The meeting was of the opinion that some local firms and organizations would consider it worth while to avail themselves of this opportunity to display before the medical profession of Canada a few of the numerous interesting phases of Prince Edward Island life and work. Applications for exhibiting space should be sent to Dr. Houston, chairman of committee on exhibits.

The publicity committee reported the forwarding to the *Canadian Medical Association Journal* and *Nova Scotia Bulletin* for publication of a plate with various Island scenes together with descriptive and historical articles, kindly written by Mr. Justice Arsenault and Dr. Dewar.

A series of individual photographs of Island scenes, kindly loaned by Mr. J. A. S. Bayer, were selected for the embellishment of future articles.

The entertainment committee reported progress with regard to arrangements for luncheons at Cavendish and Dalvay.

All committees are working enthusiastically to make the convention a success.

C. M. A. ANNUAL MEETING.

THE NEW BRUNSWICK MEDICAL SOCIETY.

Forty-Eighth Annual Meeting, Fredericton, September, 1928.

President	Dr. John B. McKenzie, Chatham.
First Vice-President	Dr. C. J. Veniot, Bathurst.
Second Vice-President	Dr. D. M. Ross, Fredericton.
Treasurer	Dr. V. D. Davidson, Saint John.
Secretary	Dr. John R. Nugent, Saint John.

Registrar of The Council of Physicians and Surgeons of New Brunswick.
Dr. S. H. McDonald, 56 Coburg Road, Saint John, N. B.

C. M. A. ANNUAL MEETING.

Charlottetown, P. E. I., June 18-23, 1928.

THE NEW BRUNSWICK MEDICAL SOCIETY.

POST GRADUATE LECTURES

The BULLETIN takes pleasure in announcing a proposed series of Post Graduate Lectures the last two weeks of March. These meetings will be held in The Maritime Provinces as follows—

- Saint John, Friday, March 16, 1928.
- Moncton, Monday, March 19th, 1928.
- Charlottetown, Wednesday, March 21st, 1928.
- Kentville, Friday, March 23rd, 1928.
- New Glasgow, Monday, March 26th, 1928.
- Sydney, Wednesday, March 28th, 1928.

THE SPEAKERS AND THEIR TOPICS.

DR. J. D. ADAMSON, WINNIPEG.

- (a) Differential Diagnosis in Cardiac Cases.
- (b) Recent Therapeutic Innovations.
- (c) Practical Application of Metabolic Test.
- (d) Significance of Blood Pressure Findings.

DR. D. L. MCKAY, WINNIPEG.

- (a) Perineal Lacerations Complications and Sequellae.
- (b) Conservative Treatment of Pelvic Infections.
- (c) Uterine Haemorrhage.
- (d) Pelvic Congestion.

One or two lectures will be given by each speaker according to the time available at the meeting.

Local Secretaries are requested to at once advise the General Secretary as to your choice of subjects.

Dr. Adamson is Vice-President of the Canadian Medical Association and will come East on his way to England to arrange for the British Medical Association meeting to be held in Winnipeg in 1930.

Dr. McKay is a son of our dear friend, the late Dr. Will'am McKay, Senator, of Reserve. Doctor "Dannie" will be cordially welcomed by his Nova Scotia friends.

Please note that these meetings are open to every member of the profession who is a member of a local medical society branch. The meetings are held in the largest provincial medical centres for this very reason.

As soon as you read this please advise your local Secretary that you will endeavor to attend. Please accept this as your official notice. By order,

S. L. WALKER,
General Secretary.

As a token of the esteem in which they are held, friends of Dr. J. J. and Mrs. McRitchie of Goldboro gathered in the Odd Fellows Hall Dec. 28th, when Rev. W. J. Alexander read an address and, on behalf of the gathering presented the doctor with a fine buffalo coat, and Mrs. McRitchie with a purse of \$100.00. The kindly spirit of this act of appreciation and courtesy reminds us of a little stanza, entitled, "Tell it Now." Here it is:—

"If with pleasure you are viewing any work a man is doing,
If you like him, or if you love him, tell him now;
If you think some praise is due him, now's the time to slip it to him.
More than fame and more than money is the comment kind and sunny,
And the hearty warm approval of a friend;
For it gives to life a savor, and it makes you stronger, braver,
And it gives you heart and spirit to the end.
If he earns your praise, bestow it; if you like him let him know it.
Let the words of true encouragement be said.
Do not wait till life is over, and he's underneath the clover,
For he cannot read his tombstone when he's dead."

Dr. A. J. Fuller of Yarmouth does not let the little matter of deficient eyesight interfere with the expression of his opinions in civic matters. He now suggests that the Mayor and Council of Cities and Towns should receive, if not a salary, at least an honorarium. Presumably the same would apply to the rural municipal officials of similar standing.

C. M. A. ANNUAL MEETING.

Charlottetown, P. E. I., June 18-23, 1928.

THE NEWFOUNDLAND MEDICAL ASSOCIATION.

Newfoundland Medical Association Annual Meeting, St. John's,
Nfld. June 25 to 30, 1928.President.....DR. A. R. ANDERSON, Heart's Content.
Secretary.....DR. JOHN GRIEVE, St. John's.

Registrar Dominion of Newfoundland Medical Board, Dr. T.
M. Mitchell, St. John's.

February 20th, 1928.

DR. S. L. WALKER,
Halifax, N. S.

Dear Doctor:—

A paragraph on page 40 in the February number of the BULLETIN has attracted my attention. It refers to Doctor-Magistrates in Newfoundland, and the writer wonders why.

In every settlement outside St. John's medical practice is done on the contract system. The annual fee being \$4.00 to \$5.00 a family for a year's treatment including drugs. The other sources of income would be Maternity cases, usually \$8.00-\$10.00, fees for minor Surgery and poor relief work which is paid by the Government.

There are only 40 Doctors practising outside St. John's and they are serving about 200,000 people scattered along 4,500 (four thousand five hundred) miles of coast. Some areas are more thickly populated than others, as Conception Bay, Trinity Bay and Bonavista Bay, but there are places where the Doctor's practice extends for 50 miles or more on each side of his residence. There are stretches of coast where there is not a Medical man for hundreds of miles.

The yearly fee is assured when the fisheries are good, but when times are bad the Doctor must go without. Is it any wonder that it is difficult to get Doctors to come and take up Outport practice.

As an inducement the Government will appoint the Doctor as Magistrate in his district, when necessary and desirable.

At present there are several Doctor-Magistrates, and I would like to see more.

The appointment carries a salary of \$1200.00 a year, and you can judge how difficult the duties are when you are told that the Penitentiary has at present about 45 prisoners from the whole Dominion, the population being 250,000, and many of these are in for breaches of the Prohibition Act, not a very serious offence.

Now this \$1200.00, with about 400 families at \$4.00 to \$5.00, extra for Midwifery and Surgery and Government pauper work, which includes attendance on casual as well as permanent poor at a good mileage rate, goes to make a nice income in a country where the climate is good and where there is lots of sport fishing and shooting.

Personally I have been advocating the appointing of more Doctor-Magistrates, for is it not somewhat similar to the Indian-Medical appointments so much coveted by English Graduates.

Just at present a Doctor who has given over thirty years in a District as Medical Practitioner, Magistrate, Customs Officer, Wreck-Commissioner and Relieving Officer, has retired on a pension from the Government to enjoy his "dolce far niente," and as proof that his multitude of appointments did not cause depression or decrepitude, he has taken unto himself a young wife to share his contentment and happiness. And furthermore if you will glance over our Register and note the dates of Graduation of some of the men practising in the Districts outside you will see that the work tends more to longevity than early demise.

With kindest regards, and asking you not to fail spending that extra day, which I have reserved in 1928, with me here in St. John's during Rotary-Medical-Convention week,

Faithfully yours,

T. M. MITCHELL.

Some 30 years ago the writer of these personal notes, learns from the Eastern Chronicle of recent issue, that he was lead stone in Jim Dover's Colts rink that suffered defeat at the hands of the Bluenose Curling Club. However the other three rinks from Truro made the total score 59 to 44 in their favor.

Congratulations are duly extended to those medical men we have noticed have been accorded civic honors by their fellow citizens. We make out bow to their Worships:—Keddy of Windsor, Dunbar of Truro, Havey of Stewiacke, Brean of Mulgrave and, last but not least, J. T. Yeo of Charlottetown. While we congratulate all, in view of the C. M. A. meeting in Charlottetown, in June, what an opportunity our genial friend Yeo will have to give us the freedom of his city.

The Maritime Medical News

(The following notes are not intended to be of any great historical value, but are comments, by the writer, Dr. S. L. Walker, occasioned by a recent reading of the early issues of the above named Journal, the first official journal of the Profession in the Maritime Provinces. The completed volumes of the News are available to all members of the profession in the Medical College Library, to which they were donated from the library of the late Dr. D. A. Campbell of Halifax. Dr. Campbell was the inspirer of its founding and its chief supporter).

PART III

1900. The opening number in the January 1900 issue of the *News* is "Asthma and its Treatment" by Murdoch Chisholm of Halifax. He said,—“On being asked to contribute a paper to this Association I selected asthma, because it has been the companion or bane of my life, and because I desire that any little knowledge I have been able to obtain of its cause, nature and treatment should become common property for the good of humanity. I may say here that it has always been my custom to gather pebbles from every shore, and now and again I have picked up a few of real value in very unlikely places. I am indebted to the regular profession, I am also indebted to quacks and, like Jenner, to popular observation.”

It is noted that legislation to bring into existence the Nova Scotia Sanatorium was passed by the Legislature in March 1900 “without a dissenting voice.” This suggests that if there were more legislation of a compulsory nature, requiring people to protect or promote their own health, they would accept the burdens involved in carrying it out. There seems to be undue timidity on the part of the Legislature to say, “Thou Shalt.” It will, however, always stand as a credit to Nova Scotia and its medical profession, that this was the first government in Canada to establish such an institution and, second only to Massachusetts on this continent. At the same time we must remember that the present capacity and equipment is largely due to the action of the Federal Government in providing for the treatment of ex-soldiers. Perhaps, if the Medical Society of Nova Scotia strongly endorsed the findings of the special Commission on the Mentally Defective, some early action might be taken.

Perhaps the most interesting article in this volume of the *News* is the Presidential Address of Dr. W. S. Muir to the Colchester County Medical Society. It is of interest as Dr. Muir was the father of Dr. Walter L. Muir of Halifax, and the Dr. McLean mentioned, was the father of Dr. E. D. McLean of Truro. As it is well to recall the work and worth of those who have passed along we give the address in full.

To the Members of the Colchester County Medical Society,—
“Gentlemen,—Allow me to thank you for the honor you have done me by electing me President of this Society, and in doing so, I wish to

express my thanks to all who have assisted in making it a success. Especially to our hard-working and pains-taking Secretary-Treasurer, Dr. H. V. Kent, is the credit due of resuscitating the Colchester Medical Society.

"In February 1883 Dr. John W. McDonald, then of Acadia Mines, now a Professor of Surgery in Minneapolis, and Dr. J. L. Peppard, of Great Village, conceived the idea of forming a County Medical Society and, with characteristic energy, they called a meeting of the medical men then in practice in the County of Colchester, within the historic walls of the old Prince of Wales Hotel, on Feb. 5th, 1883. At this meeting there were present Drs. J. W. McDonald and J. L. Peppard of Londonderry; Drs. Page, Bent, D. H. Muir, J. H. McKay and W. S. Muir of Truro. Dr. A. C. Page was called to the chair and W. S. Muir was appointed Secretary *pro tem*. Dr. McDonald stated that every medical man in the County was anxious to have a County Medical Society formed. A committee was appointed to prepare Rules, Bye-Laws, and to present a scale of fees and to report at a meeting to be held on March 13th, 1883. For future reference I will give a list of the medical men in actual practice within the County of Colchester at that date:—

Truro,—	Drs. Page, Bent, D. H. Muir, J. H. McKay and W. S. Muir.
Great Village,—	Drs. J. L. Peppard and I. Ross Smith.
Acad' a Mines,—	Drs. J. W. McDonald, Sutherland and Ellis.
Shubenacadie,—	Dr. Duncan McLean.
Five Islands,—	Dr. Oulton.
Debert,—	Dr. Homer Crowe.
Economy,—	Dr. McLeod.
Upper Stewiacke,—	Drs. Robert Smith and R. Cox.
Earlton,—	Dr. William Norrie.
Tatamagouche	Drs. Roach and Johnson.

"March 13th, 1883 is the date of the birth of this Society, and the late lamented Dr. Alexander Crawford Page, of Truro, was the first President. Dr. John W. McDonald of Acadia Mines, now of Minneapolis, the first Vice-President, and W. S. Muir, of Truro, the first Secretary-Treasurer.

"At this, the first regular meeting of the Society, Rules and Bye-Laws were read and adopted, and the scale of fees adopted by the Society was published once every month in the two local papers the *Sun* and *Guardian*. The publication of the scale of fees evoked the wrath of the Bass River Grange, and a letter was sent from this well-known locality, to the Society, wanting an explanation, and giving this Society their views of such an innovation and infliction, as a medical scale of fees. I may say that the joke of the whole matter was that only in one or two instances was the price of services, rendered, advanced, viz. Midwifery was advanced from the awful fee of \$5.00 to \$8.00, and night visits were also advanced slightly.

"The Society met quarterly during the winter months in Truro and during the summer in the country towns. As I said before, the Society was honored by having as its first President, the late Dr. A. C. Page. The old maxim, "that like begets like" was no exception to the rule in this man's case. He was a good man, of a most worthy father, and no man could have better carried out the fifth commandment to the letter of the law, and to have reaped its reward in this world, than did Dr. A. C. Page. His only heritage was a good sound constitution, and the transmission of a highly moral and unselfish character, which followed him through life. With a few dollars in his pocket, and some clothes in a small red trunk, this young man sailed down the Bay of Fundy from Onslow, to seek his fortune in the United States. On the way the schooner was windbound, and at last became unmanageable, but with that spirit and resolution which predominated through life, he footed the rest of the way to Boston, where he obtained work; at the same time he studied Latin and Greek and sometime afterwards entered Harvard Medical College, where he graduated well up in his class.

"During Dr. Page's whole college career he had the respect of his teachers and his fellow students, as in after life he still kept up a correspondence with them. This I mention to show you the stuff the man was made of. Shortly after graduating the Doctor came back to Truro to practice his profession. How well Dr. Page succeeded in practice is as well known to most of you as it is to myself. The expression of his face was kind but strong; his manner was genial, and his every instinct was honest, and all his intentions were good. He was domestic in his habits, preferring his home and the companionship of his family, his books, and a few chosen friends, to anything that society could give.

"Dr. Page was of a studious habit, and well read in his profession, and alive to all its improvements, fertile in resources, prompt in action, and thoroughly to be depended upon. He was a good all-round practitioner. Obstetrics, however, was his favorite branch of practice, and he was a most successful obstetrician. However, I would like to see the man who would dare to call the Doctor a specialist. To him it savored of quackery. He would look upon the introduction of specialism, as his keen foresight comprehended its antagonistic propensities to many relations between the family physician and his patient, as detrimental to a community of interests, and as most likely to be subversive of the best interests of harmony in the profession, the loss of confidence of the community, and a gradual and steady diminution of courtesy in professional relations.

"I expect that I knew Dr. Page as well, if not better, than any other medical gentleman living, and truly I cannot find words to express my own gratitude, and to testify to the honorable treatment received from him, as a consultant, friend, and medical attendant, and to do honor to his generous and noble name. If I were asked Dr. Page's

strongest characteristic, I would most certainly say his executive ability. This was early recognized, not only by his medical brethren, but by the Government of his native Province, as he was appointed Medical Inspector of Hospitals, Insane Asylums and Poor Asylums, a duty he performed with rare tact and ability. He was for years a most ardent militiaman, and got to the top of the service before he retired, being P.M.O. at the last militia camp meeting he attended.

"He was for years President of the Provincial Medical Board of Nova Scotia, Examiner in Obstetrics and Diseases of Children for Dalhousie College; President of the Medical Society of Nova Scotia. In fact Dr. Page filled every office in the profession of his province that he could. Dr. Page was truly a religious man, as well as a representative physician. He had no love for the philosophies of Pagan antiquity; the infidelity of Paine; the Rationalism of Germany, but his belief was as sweet and sincere as that of a little child. Last autumn that uncompromising tyrant, before whom, sooner or later, we must all bow, touched the warm, generous heart with icy fingers, and the well-springs of his earthly life were frozen within him. Never again shall he grace our meetings with his kindly presence his counsel or his sympathy, and may the Great Physician of Souls repay him for his kindly acts towards the suffering poor of earth, is my prayer for my truest and best friend, the late Dr. A. C. Page, our first President.

"On May 24th, 1887, Dr. Duncan McLean of Shubenacadie, was elected to fill the chair in this Society. Like his friend, Dr. A. C. Page, Dr. McLean has passed on with the majority, having died a few months before our first President at his home from double pneumonia. I will quote from Dr. Page's unpublished paper, 'History of the Medical Men of Colchester County,' to show you his opinion of the late Dr. McLean:—

"Duncan McLean was born in Pictou County, and was a graduate of Harvard University 1860. Although living in Hants County a large part of Dr. McLean's practice is in Colchester. His field of practice is very large and laborious. He is not only very self-sacrificing in his devotion to his profession, but also a very safe and reliable practitioner. Having no medical friend near him to consult with, he is often placed in circumstances where his tact and ingenuity carry him safely over difficulties, where a doctor not so largely endowed with those valuable qualities would fail. He is kind and considerate to the poor, a lover of sport; quick to resent an injury, but very forgiving and generous to a fault."

If I were asked to write up a Memoir of the late Duncan McLean I would simply refer you to Ian McLaren's famous book, "Beside the Bonnie Briar Bush," to read "A Doctor of the Old School," then substitute Dr. McLean's name for that of the hero, Dr. Wm. MacLure.

If Ian McLaren had lived in Shubenacadie and had kept a diary of Dr. McLean's work, he could not have published a truer picture of the big-hearted, generous, self-sacrificing Duncan McLean. He was

never supposed to be a man of great constitution, but he must have been made of iron, as when I tell you at times he kept four horses busy, one will wonder how he did it, but not why, if you knew the man. Dr. Page had years ago written up Dr. McLean as being generous to a fault. If Dr. McLean had a fault, generosity was his besetting sin. His house and table were always at the disposal of the public, and well they knew it and, I can personally say, took advantage of it.

"Shubenacadie and district must owe the doctor's estate thousands of dollars, and it may not be the people's fault, as the doctor's last thought was always himself, and he was a most wretched collector. Once he said to me that the only way a man can make more than an honest living in the practice of medicine in Nova Scotia is to humbug the people and grind the face off the poor, "two things, thank the Lord I have never done and I will never do." Dr. McLean was a public spirited citizen, a true and consistent friend. He was honest, capable and faithful to every trust, and he was a liberal contributor to the support of religion, and to any public or charitable object. His illness and death was plainly the result of overwork.

"Our first and second Presidents of the County of Colchester Medical Society were bosom friends through life. They were often brought together, as they were both officers in the 78th Highlanders at the same time.

"Gentlemen I have given you a short account of the two first presidents of this Society, and all I can add is, let the living profit by the examples of those that have died, and emulate the virtues of our late friends, Drs. A. C. Page and Duncan McLean.

"I cannot close my address without making a passing remark about the gentleman who is responsible to a large extent, for the existence of this Society, Dr. John W. McDonald, our first Vice-President. Dr. McDonald had just succeeded Dr. James Kerr as medical officer to the Steel Company of Canada at Londonderry. He was a graduate of Edinburgh, a man of great energy and a first class speaker. Dr. McDonald at once set himself to work, upon his arrival at Londonderry, to improve the sanitary condition of affairs there. So well did he succeed that he was invited all over the province to deliver lectures upon the subject of improved sanitation and public health. He spent much time at his own expense, travelling and lecturing upon these subjects, besides writing long and interesting articles for the press. He was the means of interesting the people, and informing them in sanitary matters to such an extent, as to merit the lasting gratitude of the public. After Mrs. McDonald's death, which occurred at Acadia Mines, the Doctor went to Minneapolis, where he made quite a name for himself, and his native province. He is a professor of Surgery, Editor-in-Chief of *The Medical Dial*, a medical journal of some weight, and has written a text-book upon Surgery, which, I understand is considered one of the best.

"The first Secretary-Treasurer you still have with you and, from appearances, I should judge, likely for some time.

Before closing, let me thank you for your kind attention, and suggest that we ever let the watch words upon the banner of this Society be—Correct Principles, Safe Methods and Unselfish Aims.”

This rather extended quotation from this address is intensely interesting to those who remember the four doctors mentioned in particular and for Dr. Muir's tribute to their work and memory. We feel convinced that the profession still has its Pages and McLeans, but we cannot afford to forget those who have passed along. There is a tragic note in the above, where Dr. Muir refers to himself, as the first Secretary-Treasurer to be with them “for some time.” About two years later this sterling physician and ardent supporter of medical societies was attacked by Appendicitis and in a few days passed away.

“The Mutual Relations of the Profession and the Public” was the title of an able Presidential address delivered this year by Dr. D. Mackintosh of Pugwash who is still, although an octogenarian, in active practice. The framework of the address was as follows:—

- I. The attitude of the public to the Profession. There was not that measure of confidence and respect by the public in the profession.

This is due to,—

1. Narrow-minded jealousy in the Profession.
2. Misfits.
3. Snapshot diagnosis and slipshod prognosis.
4. Commercialism.
5. Misconceptions.

- II. Remedies.

1. Do our duty to our patients.
2. Maintain the Honor of the Profession.
3. Educate the People.
4. Be Good Citizens.

- III. Attitude of the Profession to the Public.

The history of Medicine from remote ages down to the present time, proves beyond cavil, that this attitude is one of unselfish devotion to the best interests of the people.

- IV. Mutual Co-operation for the Common Good.

There must be mutual trust. The relation of the physician to the patient is sacred.

The Annual Meeting this year was held at Pictou and a glance at the records suggests that they had several papers along what we term specialist lines to-day.

Perhaps, for the present, 1900 is a good stopping place. Perhaps the younger men in the profession will bear with their elders if they enjoy some of this reminiscencing, and these three instalments, it is hoped will find some who are glad to know some thing of the men who have passed to their reward.

S. L. W.

Constipation*

Duncan Graham, M. D., Toronto.

INDIVIDUALS in good health usually have a bowel movement at the same time every twenty-four hours; the stool is formed but soft in consistency and the evacuation is complete, i. e. the lower bowel below the splenic flexure to the rectum is emptied. Defaecation may occur every second day or even every third day and the individual remain healthy and be considered normal if the evacuation is complete and of proper consistency. On the other hand, some individuals may have an evacuation every day and yet be constipated, the evacuation being incomplete, the stools small in quantity, dry and hard. Hurst has defined constipation as a condition in which none of the residue of a meal taken eight hours after defaecation is excreted in forty hours.

The most common cause of constipation is improper hygiene of the bowels, often aggravated by the injudicious use of purgatives. In some cases the exciting cause is a local condition in the bowel, as from pain with a fissure in ano; in some the constipation is a local manifestation of disease affecting the body generally as in hypothyroidism or lead poisoning. In still other cases the constipation develops secondary to some other disease condition. It must be evident, therefore, that no routine method of treatment can be effective in all cases of constipation. Effective treatment is dependent upon the accurate diagnosis of the cause of the constipation in each case.

In the majority of cases of chronic gastrointestinal disease so little information of value in diagnosis is obtained from physical examination that one is dependent upon the clinical history of the patient and the proper interpretation of the signs and symptoms present in making a clinical diagnosis. Before one can understand or interpret the significance of the abnormal functional disturbances responsible for the symptoms present an appreciation of the normal physiology of the gastrointestinal tract is essential. Normally the food leaves the stomach and reaches the ileocaecal valve in from 4-6 hours, the hepatic flexure in 6-8 hours, the splenic flexure in 8-10 hours, and the residue of the meal is in the pelvic colon in 12-14 hours after ingestion. The rectum remains empty until defaecation occurs and if the evacuation is complete the lower bowel between the splenic flexure and the anus is,

*Abstract of an Address delivered before the Medical Society of Nova Scotia Sydney, July 7th, 1927.

emptied. The food leaves the stomach in a liquid condition and in its passage through the small intestine digestion is completed and nutrient material and fluid is absorbed. Very little enters the caecum until the next meal when the smell of food or the entering of food into the stomach causes the ileocaecal valve to relax and allows the contents to pass on. In the caecum and the transverse colon more nutrient material and fluid are absorbed and by the time the residue of the meal reaches the pelvic colon the fluid content has decreased from 90 per cent in the small intestine to 65-75 per cent in the pelvic colon and the stool is formed.

Between meals the movement of the contents in the caecum and colon is very slow. With the taking of a meal not only does the ileocaecal sphincter relax allowing the contents to go into the caecum but the movements of the colon are increased reflexly from the stomach and the residue of the previous meal moves towards the pelvic colon. The pelvi-rectal flexure between the pelvic colon and rectum relaxes and faeces pass into the rectum. This causes a sense of fulness and a desire to defaecate. If the call to stool is answered evacuation occurs. With individuals who have a regular bowel movement every day this call to stool usually comes after breakfast. If the desire to defaecate is disregarded the sensation of fulness in the rectum disappears until after the next meal or even the next day. This marks the beginning of the majority of cases of constipation.

The movements of the intestines are influenced by stimuli acting locally, by impulses from the central nervous system or by reflex action. Stimulation of the vagus or the sacral outflow increases the tone and the contractions of the intestines while stimulation of the sympathetic tends to inhibit intestinal movement. Local stimulation of the movements of the small and large intestines is mechanical and chemical, chiefly the former, and is independent of the sympathetic or vagal nerve supply. The chief mechanical stimulus to intestinal movements is undigested food particles, mainly cellulose contained in vegetable foods. This explains why a liquid diet or a diet devoid of vegetables results in constipation. The production of gas from fermentation of carbohydrate or the bacterial decomposition of protein which occurs in the lower intestine and caecum increases intestinal movements by chemical stimulation and mechanically by distension of the bowel. Thyroid extract acts locally on the intestines by chemical stimulation and a decrease in this secretion, as in hypothyroidism or myxoedema, causes constipation.

Although the motor functions of the stomach and intestines are maintained chiefly by local mechanical and chemical stimulation they may be affected by impulses through the central nervous system or by reflex action. Unpleasant emotions, anger or worry, acting through the sympathetic, tend to inhibit movements of the stomach and intestines. Painful stimuli in any part of the body, and particularly those originating within the abdominal cavity, act in a similar manner.

The pain from biliary or renal colic, inflammation of the testicle or ovary, may cause an inhibition of intestinal movements. In some cases painful stimuli cause spasmodic contractions of the colon from reflex stimulation of the sacral outflow. This often occurs in diseases of the stomach, gall bladder and appendix associated with pain and explains the cause of the constipation that may be present.

Constipation results from: (1) Insufficient mechanical or chemical stimulation of the intestines; (2) Abnormal stimulation of the vagus, pelvic or sympathetic nerves supplying the intestines; (3) Mechanical obstruction to the passage of the contents along the bowel. Clinically we recognize three types of constipation: One in which the passage of faeces to the pelvic colon is delayed and one in which there is no delay in the arrival of faeces in the pelvic colon but evacuation of the bowel is delayed. Hurst refers to the first type as colic constipation; the second as dyschezia. In colic constipation there is delay in the passage of the contents along the colon and on examination part or the whole of the colon is found distended with faeces, the rectum being empty. In dyschezia the passage of the contents along the large intestine is normal in rate but the rectum is filled with faeces. Both types of constipation may be present in the same case, one or the other predominating. The third type, called fragmentary or cumulative constipation, is not uncommon and occurs in patients consuming a liquid diet or one containing foods deficient in cellulose. This type of diet lacks irritating substances or leaves a residue too small in bulk to stimulate the pelvic colon and rectum and produce a normal defaecation reflex. In these cases the stools are small in quantity from deficient residue and hard and dry from the increased absorption of water resulting from the prolonged retention of faeces in the lower bowel.

In the diagnosis of constipation it is essential to have an accurate history not only of the signs and symptoms of the patient but of the frequency, regularity or irregularity of the bowel movement and a description of its character—size, shape, consistency and the presence or absence of mucus or blood. Ascertain if the constipation has been present since childhood. If not, at what age did it develop? Obtain a careful record of the regular diet taken with each meal, of the occupation, personal habits, and environment of the patient. Lastly, and not the least important, is a history of the use of laxatives or enemas. With this information, coupled with a careful physical examination, which should include a digital examination of the rectum, one should be able to determine if the development of the constipation is congenital in origin or is related to neglect of the proper hygiene of the bowels, to improper diet, to abuse of laxatives or enemas, to unpleasant environment, to the result of local obstruction of the bowels due to tumours, etc., to repeated pregnancies causing relaxation and weakness of the abdominal muscles, to enteroptosis, to organic nervous disease, or to old age. In certain cases it may be necessary to supplement the clinical examination by an X-Ray examination.

Success in the treatment of constipation depends upon: (1) The ability of the physician in recognizing the type of constipation present; the stage of its development, and the aetiological cause; (2) The institution of proper methods of treatment for each individual case; (3) The co-operation of the patient in carrying out the treatment prescribed. Proper hygiene of the bowels is so important in the prevention as well as in the treatment of constipation that attention should be given first to the correction of existing irregularities. If the clinical history indicates that the patient has been irregular in his habits he should be informed of the importance of proper hygiene of the bowels in preventing constipation and be given specific instructions to correct the irregularities. With patients accustomed to the taking of laxatives or enemas, more particularly nervous individuals who attribute all their troubles to the absence of a daily evacuation of the bowels, they should be told that a daily bowel movement is not an essential to good health and should be advised of the dangers of the habitual use of purgatives and laxatives. All patients should be instructed as to the necessity of obeying immediately the desire of defaecate and of cultivating a regular habit of visiting the water closet each day at the same time, preferably after breakfast. In addition, the routine of work for the day should be so arranged that an adequate time is allowed for this. It should be pointed out that if the call to stool is not obeyed the desire wears off and results in destroying the normal sensation of the rectum, but if they persist in the habit of regularity visiting the toilet it will gradually return to normal.

If the diet of the patient is a balanced one containing the proper proportion and quantity of protein, fat and carbohydrate with an adequate quantity of fluid, green vegetables and fresh fruits no change need be made. In the majority of cases, however, particularly among patients with a neurotic tendency and complaining of a loss of appetite, the diet is usually deficient in quality and quantity. If these patients err on the side of quantity it is by taking an excess of carbohydrate in the form of sweets. For the prevention and control of constipation a suitable diet must contain an adequate quantity of green vegetables and fresh fruits, i. e. one that provides adequate mechanical and chemical stimulation to the intestines and leaves an adequate residue to produce an effective stimulus for defaecation. To ensure proper mastication of the food the teeth and gums should receive careful attention; all foci infection should be removed, cavities filled and dentures made if teeth have been extracted.

Attention to the proper hygiene of the bowels, a suitable diet and an adequate amount of rest and exercise will prevent the development of constipation and cure mild or moderately severe degrees of constipation caused by neglect or improper diet. In more severe forms of constipation due to the same cause it may be necessary to supplement treatment in the beginning by other measures. In some cases a glass of cold or hot water one-half hour before breakfast, a dish of prunes

at bed-time, with the addition of bran to the porridge in the morning, may establish a regular bowel movement. If the bowel has been irritated by the prolonged retention of faeces or excessive use of purgatives or if the quantity of faeces is small in amount, hard and dry, or mucus is present, the patient should be given one-half ounce of liquid paraffin after breakfast and after the evening meal, and the coarser articles of food removed from the diet. Liquid paraffin is non-irritating, decreases the absorption of fluid from the bowel, thereby increasing the bulk and maintaining a proper consistency. When the bowels become regular the dose of oil may be decreased gradually and finally omitted. Agar agar acts in a similar manner to liquid paraffin. A teaspoonful of plain agar agar cooked with porridge, potatoes or puddings may be given with each meal. A half to one tablespoonful of flaxseed allowed to soak in a glass of water may be taken once a day instead of liquid paraffin or plain agar agar. A small yeast cake three times a day is often effectual.

In severe and very chronic cases of dyschezia the rectum and pelvic colon should be emptied in the beginning of treatment by a glycerin enema rather than by purgatives. Later liquid paraffin may be given in the manner just mentioned.

With patients in which the abdominal muscles are relaxed and weak regular exercises should be prescribed to strengthen these muscles which are so important in increasing the abdominal pressure to assist in defaecation. A useful exercise is taken by having the patient lie in the prone position and after placing the hands behind the head raise the body to the upright position about a dozen times night and morning. If constipation develops in old age a daily purgative such as aloin, belladonna and strychnin or cascara sagrada or phenolphthalein should be prescribed. In cases of constipation associated with enteroptosis a suitable belt should be put on in the morning and worn during the day. During an acute illness the bowels should be regulated by a daily enema or a mild aperient. In chronic diseases accompanied by constipation in which a diet giving an adequate residue cannot be given, as duodenal ulcer, a daily aperient is necessary.

In the discussion of factors influencing the movements of the intestines and causing constipation mention was made of the reflex effects of pain producing in some cases inhibition of intestinal movements, in others spasmodic contractions of the intestine. While a sedative may temporarily relieve the pain and thereby the constipation, the only successful treatment is the removal of the cause of the pain by medical treatment or surgical interference. There are few indications for the surgical treatment of constipation and it should only be attempted in those cases where the exact cause of the constipation is known and relief has not followed careful medical treatment. For the relief of constipation due to partial obstruction surgical treatment may be considered.

Workmen's Compensation Act

Its Operation in Nova Scotia.*

(M. D. Morrison, M.D., Halifax)

IN most of the civilized countries of the world there is in active operation today a Workmen's Compensation Act. This is the most advanced and most beneficial legislation that, so far, has been devised for the alleviation of the distress and misery that always attends the fate of the poor breadwinner and his family when, in the enjoyment of good health and muscular activity, he is suddenly stricken down by the cruel blow arising from an accidental occurrence. In addition to the suffering on the physical side, so frequently engendered by such occurrences, and the restrictions necessarily enjoined as a result of such accident, there has been just as frequently greater suffering on the mental side due to the painful reflection that the prostration of the household provider means a marked diminution in those things so much desired by all living beings. Nay, in many cases, it has meant the announcement of the creeping spectre of famine, and its dismal associates, approaching the family circle. It was to obviate the consequences of such dire visitations that the more civilized nations of Europe passed, in the latter quarter of the 19th century, some remedial legislative measures establishing the liability of the employer in the matter of an injury to his employee arising in the course of his employment. In 1880, Great Britain passed the Employers Liability Act, and Germany a similar Act nine years earlier. These measures gave only partial relief however, and were surrounded by so many conditions and restrictions that, in the majority of cases where they were invoked, the poor employee received little or nothing—the only parties benefitting being the lawyers. In 1897, the first Workmen's Compensation Act was placed on the Statute Book of Great Britain and was, at the time, regarded as so revolutionary in character that it was denounced generally as suicidal to industry. It eliminated the objectionable legal feature of the Employers Liability Act and made the interests of the workingman paramount to all others. Previously to this a workman would only receive compensation when he could prove that the employer was either guilty of a breach of a statutory duty, or that he was personally responsible for negligence which led to the injury. In the case of large employers this was almost impossible. So the new law introduced a new and startling principle.

*Read at the Annual Meeting of the Medical Society of Nova Scotia, Sydney, July 7th, 1927.

The workman was to be compensated for injuries received, quite irrespective of the consideration, whether or not, the employer had committed any breach of duty to which the injury was attributable. Under its provisions many victims of industrial accidents are receiving compensation who, under the old system, would have become a burden upon friends or subjects of charity.

This is the rock-bottom principle on which our own Provincial Act is founded and which has been in operation since January 1, 1917. Up to December 31, 1926, there had been reported to the Board 66,572 accidents, of which 897 proved fatal. As a result of these accidents we have now on our pension lists 501 widows, 1189 children under 16 years of age, and 2375 workmen. To make provision for these disabled men, and for the widows and children, the sum of \$4,745,669.88 has been placed in Trust Funds. This money cannot be used for any other purpose whatever. In addition to this accumulation for Pension Reserves there has been paid out of the Accident Fund for total temporary disability, during the past ten years, the large amount of \$5,227,605.16. Thus, the total compensation paid or payable to workmen and their dependants, during the decade that ended on December 31, 1926, was \$9,973,275.04.

Since January 1, 1920, free Medical Aid for the first thirty days after date of disability has been furnished injured workmen who submitted compensable claims. This statutory regulation is applicable in all parts of the Province excepting where a special scheme for medical attendance obtains, such as at the collieries and other plants of the British Empire Steel Corporation. These payments by the Board cover all necessary medical, surgical, hospital and skilled nursing services. During the seven years that this portion of the Act has been in force the sum of \$387,017.40 has been paid out for such purpose.

You will probably agree with me in saying that this amount represents money placed in the hands of the doctors that otherwise would not, as a rule, have been received by them for services rendered. Today, an effort is being made to remit payment of the medical account as soon as possible and, in all disputed accounts, to arrive at an amicable understanding without any unnecessary delay. The result is that complaints, on this score, are rare at the present time. In fact, so far as the whole business relationship of the profession to the Board is concerned, it is getting more and more favorable every year. I have a distinct recollection of the list of formidable grievances that used to be levelled at the Board five or six years ago whenever and wherever a gathering of medical men took place. The principal complaints centred about the autocracy of the Board, the prevalence of red tape, and the schedule of fees. It is very gratifying to all concerned that during the past two years, at least, things in this connection have undergone considerable modification and that on all sides there is exhibited a tendency towards the cultivation of the arts of peace.

The fervor of early feeling is being tempered and mellowed by the ripeness of age. Not the least beneficial of the agencies operating in the direction towards conciliation and co-operation is the Compensation Committee of this Society. On several occasions this Committee has been in conference with the Board, and its members have always exhibited great tact and much prudence in dealing with these complicated questions that required such a conference for satisfactory adjudication. The result is that today we hear very little about the ruthless treatment to which doctors' accounts are subjected, nor do we receive such wrathful communications denouncing our nefarious financial transactions as in days gone by.

On the whole the Act has worked smoothly and satisfactorily. The benefits to both employers and workmen are being more and more recognized and appreciated. Employers are immune from the expense and annoyance of litigation: the hardships upon families caused by the intricacies of the old doctrines promulgated in the Employers Liability Act are now eliminated. The object aimed at is to enable the workman to obtain compensation as speedily as possible and without being obliged to go to any legal expense. As you know Forms containing questions to elicit desired information are sent out whenever we are apprised of an accident having occurred; and as soon as this information is assembled, and passed upon by the different Departments, the payment of weekly compensation commences. The continuance of these payments is made contingent on further information communicated principally by the attending surgeon on the so-called progress Report or Form 10. Just at this stage will you permit me to refer to this particular feature of our work which has not proved quite as satisfactory as is desirable. Any failure on the part of the attending surgeon to answer as fully as possible the questions submitted on that Form is bound to react on me personally. Those forms laden with "don't knows," and with blank spaces, or with ambiguities that would do credit to metaphysicians, rather than to physicians, are the bane of my existence. From the Claims Department they are most sanctimoniously transferred to my office and allowed to remain there until my dejected spirit completes its movement over the face of the Inscrutable in the great search for Light. In some cases the information is so meagre that we do not feel justified in making a second payment until another Form is received. This causes financial distress to the claimant, increased annoyance to the doctor, and additional work in our Claims Department. Will you, at this representative meeting of the Medical Practitioners of the Province, magnanimously listen to my Macedonian cry "to come over and help us?" Will you graciously fill out Form 10 in such a way that I can visualize the actual condition of your patient at a specified time, and thus arrive at a clear conclusion in the matter of continued payments? At the same time let me take advantage of the opportunity afforded to tender my sincere thanks to those who evidently realize

the difficulties encountered in our office in dealing with these claims, who furnish all the general information that can reasonably be expected, and who sometimes forward, in addition, private information which is exceedingly acceptable.

As already intimated a leading aim of the Board, in the administration of the Act, is speedy adjustment of claims and the avoidance of vexatious delay. At the same time you can readily understand that among 7096 new claims, as we had to deal with in 1926, a considerable number would fail to fulfil the essential requirements of the Act. Then follows much correspondence between the different parties interested—on the one hand our Claims Officer at the outset and ultimately one or more of the Commissioners; on the other, the claimant, the employer, the doctor, the U.M.W. officials, the politicians and the lawyers. Before the question of compensability is adequately settled, in some cases, the necessity frequently arises of the chairman and myself being obliged to visit the locality and to hold a judicial hearing—sometimes more than one on the same claim.

Various precautions are taken to prevent malingering and fraud, and all cases of a suspicious nature are thoroughly investigated. These cases are either brought to Halifax or they are held in abeyance—no compensation paid—until there is an opportunity afforded to make definite inquiries while making one of our periodical visits to that particular locality. But with all our care, and in spite of all our vigilance, there are and always will be cases where a doubt may exist whether a man is or is not able to return to work. As medical men we cannot expunge the fact that relief expedients, such as the Workmen's Compensation Act, engender one disagreeable and vexatious feature, namely, a tendency on the part of some workmen to exaggerate and to prolong the effects of an accident. Those who do much medico-legal work are constantly coming across cases of strong, able-bodied people who are not suffering from any apparent pathological condition but who have become self-centered, exaggerate disturbance of function, and seize upon slight aches following accident as a means of temporary escape from the humdrum of manual labor. They seem to be incapable of appreciating ordinary moral obligations when it rests with them to decide whether they shall or shall not return to work. In view of such circumstances it might be well to remember that if the Compensation laws are to be widely and permanently useful they must be executed on the lines of sound economy and not on those of almsgiving.

The Provincial Authorities have been requested to consider the establishment of a community home or hostel for lady students of the Provincial Normal College. If it materializes we suggest that the ambiguity noted in a sign on a rooming house across the street from the Indiana State Normal School in Terra Haute be avoided. This sign read,—“Furnished Rooms for Normal Men”.

The Nova Scotia Medical Bulletin

Official Organ of The Medical Society of Nova Scotia.

Confined to, and Covering every Practising Physician in Nova Scotia. Published on the 5th of each month. Advertising Forms close on the 20th. of the preceding month. Subscription Price:—\$3.00 per year.

EDITORIAL BOARD.

Editor-in-Chief - - - GEORGE H. MURPHY, M. D., C. M.
Associate Editors - - - S. J. MACLENNAN, B. A., M. D.
H. B. ATLEE, M. D., C. M.
A. BIRT, M. D.
Secretary to Editorial Board - SMITH L. WALKER, B. A., M. D.

VOL. VII.

MARCH 1928

No. 3

Medical Society Membership 1928

UNDoubtedly many members of the Medical Society of Nova Scotia, have wondered why they have not been approached, either by bank draft or personal solicitation, for their 1928 Society fees. The reason is very plain and also very pertinent to the practitioners of this Province.

In the first place The Canadian Medical Association had not been securing as large a membership in this Province as their accomplishments and efforts indicate they should receive. There had also been a certain confusion in a conjoined Dominion and Provincial collection of fees. Therefore, at the last meeting of the Executive of the Medical Society of Nova Scotia, it was decided to give the months of January and February to the Canadian Medical Association, to collect their annual fees. At a later date, set at March 1st, the Medical Society of this Province would undertake to collect their own fees. This would give an opportunity for practitioners to make some collections from their yearly accounts and they would then be in a better position to remit the annual contribution. When it is remembered that membership in the Provincial Association is necessary for membership in the Canadian Medical Association this action by the Provincial Society can be perhaps best appreciated.

Acting upon instructions, therefore, the General Secretary is making on March 10th, personal drafts upon every practising physician in Nova Scotia for the sum of \$10.00 which, upon payment, will complete his membership in the Provincial Society for 1928. The BULLETIN your official organ, carries you this information. If from any of these drafts there should come an endorsement, such as we have seen in past years,—“Know nothing about this”—, or similar ones, would it be fair to conclude that you wished your name struck off the mailing list of the BULLETIN?

For nearly seven years every doctor in the Province has been a reader of the BULLETIN. Many have expressed their appreciation of it yet, strange to say, have never completed their membership in the Society which has fully financed this publication. Is it not time to bear your share of this responsibility? Why be longer on the debit side, receiving everything and giving nothing!

It is especially desirable that our membership for 1928 should reach out for *one hundred percent*. Our meeting this year, wherever and whenever held, is to be our *seventy-fifth anniversary*. There are few medical societies on the American Continent whose records excel our own. It is, indeed, fitting we should observe this accomplishment in a suitable manner. Will not every doctor in Nova Scotia make this year our best by giving us a record membership!

Closer affiliation or co-operation with the Canadian Medical Association is being advocated for all the Provincial Branches. That Society which has its entire possible membership enrolled will be in the best position to point out how that object can be most advantageously accomplished. Let our 1928 membership be the challenge of Nova Scotia to the medical profession in Canada for a greater Dominion wide medical organization.

Multiple Sclerosis. Should there be any doubt in your mind about Multiple Sclerosis here is the whole thing in a nut-shell.

Question. “What treatment do you advise for multiple sclerosis? What is the cause? Violet rays have brought back the feeling of patient’s limbs and he has use of them, but a numbness comes over him at times.”

Answer. “The *fundamental* cause of multiple sclerosis is a *faulty diet*. Patient you write of will get *quickest results* by taking a fruit fast for a week or ten days followed by a well-balanced diet. Treatment such as *massage, osteopathy, chiropractic* and *electrotherapy* will be helpful in *restoring the circulation* to the affected parts.”

The italics are ours. The illuminating ignorance of this syndicated Health Talk should cause every practising physician to express his opinion whenever occasion offers.

Reminiscences

The Disease—Ingratitude.

M. E. McGarry, M. D., Margaree Forks, N. S.

THE following story, as told by a Cape Breton doctor, bears out the fact that physicians do not always receive merited rewards, in the form of Canadian Currency or gratitude, for services honestly rendered. This is the story as told in his own words.

Within the limits of my rather extensive field of practice I had occasion to attend a family of eight members including the parents. The father was a man of very considerable means, but, unlike the majority of Cape Breton householders, was very illiterate. The whole family were stricken at the same time with Typhoid fever. The only inmate of the house to escape the contagion was the mother-in-law, who was just beginning to enjoy her six months visit, the second for the year.—I may add here that, if these visits were responses to written invitations tendered by the family, I have cause to suspect that these missives were not adorned by the signature of the family bread-winner. From his utterances, relevant to these visitations, I could gather that he stood willing and ready, in a family caucus, to move an amendment to certain clauses in his mother-in-law's social book of rules and regulations. In fact, I think he strongly expressed himself as favouring a motion to have struck out entirely that paragraph which imposed upon her the seeming obligation of visiting the family twice during the year and remaining six months each time.

I was at this time an amateur in the healing art and eight cases of enteric fever of a virulent character, with only the facilities afforded by home treatment, was the stage on which I felt I must starve or, like all other amateur failures, get "the hook." I set myself to the gigantic task, procured the services of two competent nurses for six weeks, made three visits daily from my office a distance of six miles. When the father, in the course of his attack, showed signs of cardiac insufficiency and at the same time his digestive organs were not able to assimilate any drug stimulation, I took advantage of a measure which I felt sure afforded the succour so strongly indicated. I pronounced his mother-in-law a Typhoid carrier, ordered her home and warned the family, in his hearing, on the peril of their lives never to allow her to visit them again. From that time forward, he continued to improve and, after a lingering convalescence, he and all the other stricken mem-

bers recovered completely. I am not making this remark, as was quoted by a famous local Author, "By way of boast".

The father refused to pay the nurses for their services on the grounds that he did not engage them, and, as I had taken upon myself the responsibility of procuring their services, they could look to me for compensation. Claiming that my diagnosis was wrong, he blankly refused to remunerate me one cent. He was convinced of my diagnostic error by having heard read out of Brayley's Almanac a report of a case of heart trouble in a patient who, according to his deductions, reflected the identical symptoms which presented in his recent illness. These remarks raised my blood heat to the point of effervescence. I was about in the act to do something rash, but, realizing that my mission was to save lives rather than to destroy them, I plunged both clinched fists deep down in my coat pockets and attempted to cool down by the lingual method. Said I, the heart symptoms in that book case you just cited, I know naught of now and I care less, but damn your heart (pause) symptoms! They are primarily the cause of all this suffering, expenses, restrained physical action and the unwilling suppression of anti-Sunday-School epithets, and, unfortunately, it is myself and not you that have suffered all the pangs to a superlative degree. This outburst had the desirable effect of reducing my temperature to normal and lowering the tone of my voice to a somewhat respectable pitch, and with this adjustment I explained.—You have a congenital affection of the heart. It is a cardiac condition which is quite familiar to the profession. It is called *Ingratitude*. Thank God it is not contagious, but is of such a character that on the slightest provocation the patient is rendered in a typhoid condition. That accounts for your recent attack. To guard against future seizures, I shall outline to you the exposures you will have to avoid. (a) Do not permit any person to tender you a compliment. (b) Disallow the rendering of any assistance when in need. (c) Do not call in a doctor when you are sick and, in short, do not make any exposure which will cause that latent *Ingratitude* to be evidenced, for if this affection, which is prone to remain inactive, be aroused to activity, the well known symptoms of the disease will be in full display, and the sequence of the attack may be another typhoid condition. He said! "I was talking with the cobbler down street this morning and I made known to him my condition. He advises me to go to a warmer climate." "I agree with the cobbler there", says I, "and, if you were able to photograph my inner thoughts, you could no doubt have been able to detect that my suggestions for your removal to a warm climate would be expressed, not by the words employed in an advisory way, but rather in the terms used in dealing out peremptory orders which we hope will be obeyed."

Taking advantage of his lack of geographical knowledge and, at the same time affording partial relief to my pressure symptoms, I said by all means go to a hot climate; go to Hades. All who have gone

there with your trouble—and you will find many of them—reporting marked relief. There is just one feature which, in a measure, tends to lessen the inducements for invalids to that region. There are no doctors there. But in spite of this lack, we hear from time to time of marvelous complete cures of ingratitude in that land, effected by the prescribing and administering of a few sips of icewater tendered the afflicted through the agencies of some benevolent layman.

THE PHILOSOPHY OF DR. WM. MCKAY.

M. T. Sullivan, M. D., Glace Bay, N. S.

(Some months ago the Secretary sent a newspaper clipping to a member of the Society in Cape Breton with the request for an article that would be of interest to our readers. It brought forth two very interesting articles which we were glad to publish. We are pleased now, however, to acknowledge the receipt from Dr. Sullivan of this same clipping with a characteristic introduction.)

THE following Cape Breton touch of humor in one of Stuart McCawley's Cape Breton yarns will appeal to our readers. Mr. McCawley vouches for the talk and says the late Dr. Wm. McKay, Senator, of Reserve was fond of relating the incident. At a political gathering during the prohibition campaign the doctor used this same line of argument.

"I remember a terrible argument Sandy and Doctor Bill had right here in this very kitchen one winter's night. The doctor was sitting there near the grate with his legs straddled across the chair; and smoking a cigar and looking into the coals as if he was talking to the fire rather than to us."

"Sandy had his T. D. smoking and smelling awful of black tobacco; and they were going to it. The Prohibition vote was on and Sandy was for it; and the doctor was trying to drive some sense into his head.

"Doctor Bill said:—Sandy, you are alright, you are strong and healthy and contrary (and he winked at me) and you have a good home with plenty to eat and lots of clean fresh shirts and simmets and well-darned sox. Now boy, think of the other fellow who isn't so lucky as to have a real woman bossing him. (Doctor Bill was a knowing man.) The other poor devil is up with the whistle at five of the morning; a bowl of hot tea (perhaps not too hot), a chunk of baker's bread with a slab of hard cheese, and away he goes to the pit. When he gets there, (and perhaps he walked a half a mile in the rain and chill of the morning); he has to travel another two or three miles underground; all stooped over to keep from bumping his head against the booms, trudging in the muck, smelling dampness, and stumbling over a fall now and

then. When he gets to the face of the coal the air is bad; the picks make the dust fly; the work makes him sweat. And everything is heavy and distressing and black. He works there all day, Sandy, as you do; but when he drags himself home in the afternoon footsore, backsore and cross as blazes, he hasn't much of a home to go to. After a wash (perhaps) and a hot meal, not always well-cooked, he flings himself on the bed and snoozes. He is too dog tired to go for a walk, or read or talk. The next morning it is the five o'clock whistle again and the same trip to the pit, and the same dust and dirt and sweaty work. No sunshine, no beauty, no outlook to brighten up things. And Sandy, this poor mutt has this drag every day. So what happens pay day? He gets disgusted; he goes to the bar with the rest of his kind. They crack jokes, they get there the only sociability that they know (and Sandy we are all lovers of company, I'd hate to be lonesome); and that's why some of them take a few too many and get drunk. Do you blame them Sandy? There is nothing else for a hard working man to do. When his well wishers try to treat him better; try to replace the bar with a place of entertainment that will, at least, be as good, he might go on the keg; but now he has to have his drink on pay day and Sandy I don't blame him. Do you?"

"That's what Doctor Bill said, Mr. O'Flynn, and Sandy just grunted. And then to get Sandy in good humor he told him about one of the McIsaac girls sending her old woman a walnut bureau from Boston. The McIsaacs were so proud and tickled that they spread the news all over the Back Mines. And the doctor said it was great until Red Jimmy McLeod's wife got it; and she said, "The very idea a walnut bureau is it now, a lot of good it will do them, with not one of the McIsaacs able to play it. Better she sent the price of a cow and then however, they mightn't be owing me for six months' milk."

More people than we think appreciate the value of the local Health Officer. That he may only get \$100.00 per year may be our own fault. The EVENING NEWS of New Glasgow tells its readers this:—"Unfortunately most Medical Health Officers seem incapable of telling their Councils in an adequate way of the work which they have done and which, without ostentation and display, they are continually doing. And the Councils, failing to appreciate the importance of the work, place little value upon it, since he who does it apparently does not do so, and vote him into the position again at the same old salary." Incidental, however, the NEWS pays a tribute to "an old and experienced Doctor as Medical Health Officer in the person of Dr. Evan Kennedy who has the hearty co-operation of the Town Council in the discharge of his duties."

Correspondence

A PROVINCIAL NEED.

A. C. Jost, M. D., Halifax, N. S.

WHETHER the heading is wisely chosen or not is questionable. There may be captious and critical individuals whose opinion it is that there are more than one outstanding provincial need. There may even be those who might suggest in diction quite lurid in characteristic that one of the most pressing is a surcease or respite from the endeavours of those who are so thoughtless as not to be wholly satisfied with things as they are, and who are constantly proposing some alteration of established custom and usage. But resignation is the disease of which civilizations die, if we are to believe Dean Inge.

Still another answer to that somewhat petulant observation is that the need the writer wishes to stress is not one now being placed before the profession of the Province for the first time. On at least two successive years it has been referred to at the meetings of the Nova Scotia Medical Society, and in a general way, it may be said that the concurrence of the Society in the belief that the need existed was obtained.

Two years ago the report of the Committee on Public Health recommended that steps be taken towards procuring for the Province some facilities for the treatment of drug addicts. Again in Sydney last year the Committee on Narcotics recommended that the efforts be continued. The reports were in both years received and accepted by the Society, but here the matter has rested.

An Act was placed on the Statutes of the Province several years ago, intended to perfect our arrangements for narcotic drug control. Before being of effect, however, it was necessary to work out some details, and these, it was the intention, were to be covered in the Regulations authorized by the Act. Among the other provisions of the Regulations, it was necessary that one or more Provincial institutions be named as ones which would have made provision for the reception of drug addicts for treatment. All attempts up to the present made to induce any institution to accept this responsibility have failed.

That the Superintendents of existing institutions have not responded is not without reason or excuse. To one, admission can be obtained only if a definite statutory procedure is followed, and it does not appear advisable to change the Act. Moreover, the arrangement of the wards and the number on the staff of the Hospital are not such as lend themselves to satisfactory treatment. In another, the same conditions to some extent apply, but the main objection arises from the

difficulty of detaining patients against their wishes. So, up to the present, nothing has been done, and the drug addicts, of whom there are a number in the Province, continue to follow their old routine, are becoming each year more enslaved to the habit and less useful members of society, and to obtain the needed supply, harass the physicians or procure drugs illegally. Some of the practitioners, coaxed thereto by the glib representations so facilely concocted by the addict, may have gone so far as actually to have risked incurring the heavy penalties for improper administration of the drugs which the Federal Act has imposed.

The list of drug addicts in the Province is fortunately not a lengthy one, but there are few practitioners who have not met some in their practises. The difficulties of securing treatment must have been brought home to these physicians, together with the hopelessness of combating the evil with the facilities at present available. It is possible that illicit channels of supply have already been opened up; when these are fully developed we may expect more addicts and still greater difficulty of control.

Other Provinces, especially the central ones, have been in possession of the necessary institutional equipment for some years. These have at various times had inmates whose homes were in this Province. Some of them make provision, not only for the reception and treatment of drug addicts, but as well for the treatment of a number of forms of mental disability, the victims of which hesitate at seeking admission to our asylums, either Provincial or Local. An institution centrally located might supply the requirements not only of this, but of much of the three Maritime Provinces. There is no reason why a private institution could not be named in the Drug Addictions Act as one to which patients might be committed, providing the equipment was adequate and the treatment scientific. Some such institution will surely be opened in time. Are we not now ready for it?

A. C. JOST.

Halifax, N. S.,

Feb. 9th, 1928.

UNDER date of February 3rd, 1928, Dr. L. R. Morse, of Lawrence-town, President of The Medical Society of Nova Scotia, writes from Huntingdon Avenue, Boston, to the General Secretary practically as follows:—

“Dear Walker:—

My mail has not been forwarded to me so I suppose there will have been by this time several communications from you, all of which may require an answer. I have been here since January 24th. I think, although I have lost some of the time often, so many things to see, etc.

Osler says that every doctor needs a "brain dusting" every five years. I take mine more often, probably need it more than others, for there seems to be a heavy coat of dust in the cells of my cortex cerebri when I get away.

Boston is an important medical centre, always has been since the days of Holmes, Bowditch, Bigelow, etc. Medical history is largely centred around the Massachusetts General Hospital where annasesthesia, (the word first suggested by Dr. Holmes), by ether first took place. The old hospital has been enlarged and modernized. One needs a guide to get around the long hallways and passages leading to the different apartments and clinics. A visiting medical man is treated with much courtesy by every one and invited to attend any operation or clinic.

The daily bill of fare, as posted every morning, is a formidable list—too much to digest properly, if one tried to go through it from "soup to nuts". The Boston City has more beds and carries on work on even a larger scale. The same courtesy prevails and the visitor feels at home at once. But the medical centre of Boston has shifted in the last ten years. Since that magnificent pile of buildings, The Harvard Medical School, was built, a great hospital centre has grown up in the vicinity.

The Peter Bent Hospital.....	250 beds.
Deaconess Hospital.....	175 "
Children's ".....	250 "
Boston Lying In.....	200 "
New England Hospital.....	100 "
Robert Bent Brigham Incurables.....	100 "
Palmer.....	75 "
Cushing.....	75 "

Free Hospital for Women, Psychopathic Institution and others are all within a stone's throw of each other. I have been here four or five times and usually locate on Huntingdon Avenue which makes attendance convenient and easy at all of above list of hospitals.

Kind regards,

(Sgd). L. R. MORSE.

Regarding the care of the drug addict, to which attention is called by the paper from Dr. Jost, the report of the Special Committee at the last Annual Meeting concluded as follows:—"We further recommend that the Society consider the feasibility of requesting the Provincial Government to provide facilities for the treatment of the occasional drug addict in our midst." To adopt the whole report was the "consideration" given to this one phase of the question. That's a way we have of doing business, especially if we are looking towards adjournment.

Branch Societies

CAPE BRETON MEDICAL SOCIETY.

THE Cape Breton Medical Society met at The City Hospital, Sydney, Jan. 12th, 1928, at 3 P. M. Seventeen members were present.

Subscription forms and the reports of the Osler Memorial Committee were distributed. Several members expressed opinion that The Nova Scotia Society had voted money for this Memorial. The Secretary was instructed to ascertain if the Provincial Society made any contribution and, if so, the amount.

The Secretary was instructed to write Dr. Walker that this Society had nothing to report regarding The Koch Cancer Foundation.

On being moved and seconded the President named Dr. J. J. Roy, Dr. Sullivan and Dr. J. C. Morrison a committee to consider Public Health Nursing.

Dr. John MacDonald informed meeting regarding the 60th Anniversary of The Medical School of Dalhousie University and the suggestion was that this Society present the University with a portrait of the three members of this Society who died overseas. The Society expressed the view that the five members that died overseas should be so honored even if not all graduates of Dalhousie. Dr. John McDonald, Dr. E. Johnson and Dr. Tompkins were appointed to look after this matter.

Dr. Johnson introduced the subject of Life Insurance fees; after a general discussion the subject was dropped.

It was moved and seconded that Dr. Bayne, Dr. J. K. McLeod, Dr. John McDonald and Dr. Sullivan consult with the Warden, County Health Officer and go before the County Council and formulate plans for organizing a Cape Breton Island Tuberculosis Commission, independent of the Nova Scotia Commission, but to work under the Public Health Authorities.

Some discussion regarding the Annual Meeting took place. Date and place of next meeting left to the President to decide.

With Our Advertisers

WE prescribe for patients in the late fifties and the early sixties, perhaps have even taken it ourselves, one drug more than all others,—Digitalis. It is used for a specific purpose and is given systematically and with close observation of its ultimate effects. How often we have found no result or a general disturbance of the system. Undoubtedly much valuable time is lost in an effort to obtain a digitalis tolerance. This is the opportunity to test the work of the pharmaceutical chemists with preparations which are rapidly absorbed and well tolerated. This is what Merck & Co. claim for the tablets they have named, Verodigen.

Any addition to the armamentarium of the general practitioner in the treatment of asthma, hay fever, urticaria, whooping cough and some other bronchial conditions, is welcomed. Also in those cases of disability due to focal infection much can be done to make the infection almost nil. Here comes the use of Ephedrine Hydrochloride recently added to the list of new and unofficial drugs recognized by the Council of Pharmacy and Chemistry of the A. M. A. The Wingate Chemical Company, Ltd. of Montreal are the Canadian distributors. Drop them a line.

The entirely misleading, if not false, statement in a recent Health Talk by a so-called "Doctor" that all vaccines (for small pox) carried staphylococci and streptococci brings forth this statement from Dr. F. A. Millard of the Walkerville Laboratory of Parke, Davis & Co.—"The possibilities of contamination is negligible and I doubt very much the statement made. . . . The statement in the clipping appears to be based upon lack of knowledge of present conditions and regulations as to the manufacture of vaccine virus."

Merck & Co. write us as follows:—

We note that you are boosting the Canadian Medical Association's Annual Meeting which is to be held in June at Charlottetown, Prince Edward Island. We are in receipt of a letter from Dr. Routley of Toronto in which the Doctor states that he will forward information concerning the exhibits at the earliest date possible. We will give serious consideration to the taking of space at the convention and we will keep you advised of our activities in that regard.

Yours very truly,

PNEUMONIA is pre-eminently a disease in which prevention is better than cure. Although much can be accomplished by rational treatment, a high mortality persists in spite of all forms of medication.

Very many cases of pneumonia follow in the wake of influenza, bronchitis, or even an apparently innocent upper respiratory infection. The pneumococcus, it has been proved, finds it difficult to penetrate the healthy mucous membrane of the bronchial tubes and alveoli; but, when this membrane has already been damaged by bronchitis or influenza, the micro-organism gains a foothold and pneumonia may be the result.

The best time to treat pneumonia is before it develops. If every attack of bronchitis or influenza were handled as a potential case of pneumonia, there would be far fewer actual cases.

By relieving internal congestion, by stimulating the superficial blood flow, by increasing the phagocytic power of the protective white blood cells, and by restoring normal circulation in the inflamed bronchial tubes and alveoli, Antiphlogistine has proved itself an invaluable auxiliary to the physician practising modern preventive medicine.

Gonorrhoea and the Chiropractor.

Noting some new advertising cards in the provincial Press recently of Chiropractors one is reminded of some evidence that was given in a libel suit in Edmonton in 1921. The Palmer School of Chiropractic entered action for libel against the City of Edmonton and the College of Physicians and Surgeons, because of the advertisement in the City Telephone Directory, comparing the hours of study required in the courses of Medicine, Osteopathy and Chiropractic. Some of the evidence is so ridiculous that no attention should be paid were it not a grave danger for the patient.

For instance as follows:—

- Q. Do you claim to find subluxations in all cases of Gonorrhoea?
 A. All cases that I have seen have had a luxation.
 Q. Within what period of time after contracting the disease would this subluxation set up?
 A. The subluxation precedes the contraction.
 Q. Has it anything to do with the cause?
 A. It is the cause.
 Q. *The subluxation is the cause?*
 A. YES!!

OBITUARY

**JAMES WARBURTON. L. R. C. P. & S. Edin., L. M., 1882,
L. M. C. S., 1925, Charlottetown, P. E. I.**

Dr. James Warburton of Charlottetown died in the Montreal General Hospital on February 9th. 1928. From the *EVENING PATRIOT* of Charlottetown, February 10th. we excerpt the following:—

“Dr. Warburton was born at Woodbrook, Lot 11 on June 30th, 1855, and was therefore in his 73rd year. He received his elementary education in the public schools, followed by four years at St. Dunstan’s University. He completed his course in the Prince of Wales College in 1874. Subsequently he matriculated into Kings College, N. S. from whence he went to Edinburgh, Scotland, entering the medical department of the Edinburgh University from which he graduated in 1880. Dr. Conan Doyle, the eminent author was a class mate.

Dr. Warburton first practised in Fifeshire, Scotland, where he remained for two and a half years. He returned to his native land in 1882 and entered the medical profession in Charlottetown, where he was in active practice until the day he left for Montreal, only two weeks ago.

Although his practice was one of the largest in the Province yet the Doctor found time to actively participate in public life and give unselfishly of his talents and assistance in the interests of our people. In 1897 Dr. Warburton was elected as Mayor of Charlottetown, and in 1900 he was elected by acclamation, and again in 1902 he was chosen for the third successive term for this honourable and responsible position. While occupying the chair of Chief Magistrate of the capital of the Province he discharged his duties with efficiency and general satisfaction. It was during his term as Mayor that our splendid system of concrete sidewalks, the construction of the sewerage system, and general street improvement were inaugurated.

At a by-election in 1903 he was elected to represent Charlottetown in the Provincial Legislature in the Liberal interests, and in the general election in 1904, in conjunction with the Hon. George E. Hughes, he was elected with the largest majority ever polled in this electoral district. He was re-elected by acclamation in 1908, with Mr. Hughes and continued as a member till 1912.

He was a member of the Canadian Medical Association, the Maritime Medical Association, and the Prince Edward Island Medical Association, in all of which he held prominent official positions. He was also a Free and Accepted Mason and a member of the Independent Order of Foresters.

In every walk of life he exemplified the highest type of citizenship. He was a man of splendid appearance distinguished in this respect above the average. His personality was in harmony with his magnifi-

cent physique, and his geniality, friendliness and sociability made him beloved by all who knew him regardless of class, creed or politics. To know him was to love him and to name him was to praise. He was a worthy son of a worthy sire, and a fine and fitting representative of one of the most outstanding families in Prince Edward Island. After a well spent life he has crossed the bar and has left a record which will enshrine his memory in the hearts of all who knew him while life endures.

On July 12, 1887, he married Miss Louise Margaretta Hobkirk of Charlottetown, a daughter of the late Dr. Hobkirk, a leading physician of the city. His wife predeceased him by some fifteen years.

There are left to mourn one daughter, Mrs. A. E. (Helen M.) Blackmore, Montreal; two sons, Eric in Vancouver, B. C., and Arthur, La Tuque, Quebec, (the latter being with his father during his last illness); also two brothers, Dr. George, Victoria, B. C., and the Hon. A. B. Warburton, Judge of Probate, Charlottetown; and one sister, Mrs. Robert Bruce Stewart, Strathgartney."

ROBERT THOMPSON GLENDENNING, M. D., C. M., McGill University, 1892, Manchester, Mass.

On February 4th. 1928 at the Beverley Hospital, Manchester, Mass., Dr. R. T. Glendinning passed away at the age of 62 years. He was of Scotch and English descent, was born at Truemanville in 1865 and educated at Pictou Academy and Mt. Allison University. He graduated from McGill in 1892 and there are many friends and acquaintances in Cumberland County that will learn of his death with regret. Shortly after graduation he located in Gloucester, but for 33 years has been an active practitioner and valued citizen of Manchester, Mass.

He had a decided literary bent and contributed many papers of historical interest to his adopted community. He served for years on the local school board and at the time of his death was school physician. He is survived by his wife and one daughter.

PHILLIP MARCELLUS RYAN, M. D., Coll. of P. & S., New York, 1877. Halifax, N. S.

After a lengthy illness Dr. Ryan passed away on Saturday February 11th. at his home 313 Tower Road, Halifax, aged 77 years. He was a son of the late Thomas Ryan a barrister of Halifax and a brother of the late Dr. Thomas Ryan of Halifax. After his graduation he practised in the United States until failing health compelled him a few years ago to return to his native city. His funeral took place Feb. 14th. to Holy Cross Cemetery. He left no family.

The death occurred at Louisburg February 9th. of Mrs. Annie Morrison, widow of the late Archibald Morrison and mother of Dr. D. A. Morrison of that town. She was 82 years of age, a native of Loch Lomond where she resided until three years ago, a fine type of Christian woman and her death is widely regretted among all who knew her. To Dr. Morrison and four other sons and a daughter the members of the profession will extend sympathy. The burial took place at Loch Lomond.

In the death at Campbellton on January 27th. 1928 of Mr. J. Howe Taylor, that Northern Town lost a valued citizen, prominent in its business and community life. His death is noted as he was the son of the late Dr. Taylor, the first practising physician of Campbellton and he was named after our honored Nova Scotia statesman, Joseph Howe, a great personal friend of his father.

After a number of years of poor health, on February 1st. 1928, Ina E. Hallett, wife of Dr. E. O. Hallett of Weymouth, passed away after an acute illness of but ten days. The funeral was held from her late residence to St. Thomas Church and was very largely attended, the service being conducted by Rev. Morris Taylor, interment being in St. Peter's Anglican Cemetery, Weymouth North. Besides her husband she leaves one son and three daughters, Stanley and Daisy at home and Mrs. Harmer, wife of Dr. T. W. Harmer of Boston and Mrs. Bethune, wife of Dr. R. O. Bethune of Berwick. To these and to Dr. Hallett the medical profession of Nova Scotia extends sincere sympathy.

Early this year the death occurred in London of Sir Dyce Duckworth aged 88 years an eminent consulting physician.

In the death of Judge Barclay Webster of Kentville on February 14th., aged 78 years, an outstanding figure in the public life of King's County disappears. The Websters have for a century past been identical with the medical and legal professions in that County and elsewhere. He was elevated to the Bench in 1917 being County Court Judge for Colchester, Hants and Kings. His fairness and impartiality in that position made him honored and esteemed throughout the province. He retired in 1926. His widow is a daughter of the late Colonel Leverett Deveber Chipman, a member of another outstanding family in the public life of Nova Scotia. An only son, Lieut. Beverley Barclay Webster, following eighteen months of active service in the South African war, died in England in 1901. Besides Mrs. Webster he is

survived by two sisters and two brothers, Doctors Henry Bentley Webster of Kentville and Arthur Douglas Webster of Edinburgh. The Medical Society extends to Doctor H. B. Webster, who is an Honorary Member of our Society and himself in poor health, sincere sympathy.

Apropos of our reference to the interest the late Dr. Tobin took in the welfare of the deaf, the Board of Directors of the Nova Scotia School for the Deaf passed the following Resolution at a recent meeting. This was signed by Andrew Mackinlay as Chairman, and George Bateman as Secretary of the Board.—

“The Directors of the School for the Deaf desire to place on record their deep regret at the death of Colonel Wm. Tobin, M. D., and their appreciation of his services to the school during the forty years he was a member of the Board.

Dr. Tobin was the oldest member of the Board of Directors, having been appointed in July, 1887. He took a keen interest in everything pertaining to the welfare and education of the deaf, and in his travels abroad often visited schools of a similar nature and brought back interesting and helpful reports of what he had seen. Of late years much of his time has been spent abroad, but he never allowed his interest in the school to wane. The directors feel that the school has lost a staunch and true friend, and that Halifax has lost one of its most esteemed citizens.”

To Doctor R. R. and Mrs. Withrow of Springhill, on January 29th. a daughter. Congratulations.

“The Social Use of Drugs” was the subject of an interesting address before the Biology Club of Dalhousie University. The BULLETIN did not know there was such a Club but it does know that the Speaker, Dr. O. S. Gibbs, could only give a fine address.

Dr. Randall McLean of Edmonton is in hospital there as a result of falling on an icy pavement. He is a son of Mr. and Mrs. Henry McLean of Newcastle.

Dr. R. F. Ruttan, after being forty years on the staff of McGill, recently tendered his resignation. Surely it is not that long since some of us heard him give his first lecture!

Ayerst

CAPSULES No. 280

“CALCIUM A”**TONIC NUTRIENT NERVINE**

The therapeutic value of these capsules is now well established in cases where increased calcium and phosphorus assimilation is desired.

They are widely prescribed with marked benefit during pregnancy and lactation and in many cases of neurosis and loss of weight.

Each small capsule contains 275 Vitamin A units with a potent antirachitic content, provisionally known as Vitamin D. This approximates the vitamin potency of one and one-half teaspoonful of cod liver oil of the U. S. P. biological standard. Associated with this is 0.07 Gm. of available calcium and phosphorous salts.

The usual dose is one or two capsules three times daily before meals as directed. Children as young as five or six years of age can take these readily.

Supplied in dispensing boxes of 100 capsules.

A CANADIAN PRODUCT BY

Ayerst, McKenna & Harrison

Limited

Pharmaceutical Chemists

MONTREAL

CANADA

By permission of the Journal of the American Medical Association and with the approval of the author, a copy of Macomber's paper on the "Effect of a Diet Low in Calcium on Fertility, Pregnancy and Lactation in the Rat" will be forwarded to any Canadian physician on request.

Locals and Personals

DR. C. S. Marshall of Bridgewater, whom all regret to know is not enjoying the best of health, was, nevertheless, a recent visitor to Halifax when with a large number of other young men he was initiated into the mysteries of the Mystic Shrine.

The writer recently called upon two ladies in their nineties, one being in her 96th. year. Both were well, happy, bright, and both enjoying the delights of second sight. Then in a recent daily paper we noted death notices of two aged persons, one ninety-eight and the other one hundred and six. It is many such that gives this province first rank in the number of old people and complicates the Old Age Pension proposition.

Mr. Joseph d'Aubigne Jeffers was recently admitted to the Massachusetts State Bar. He studied and took his Arts Course at Mt. Allison and his Law at Dalhousie, being admitted to the Bar of Nova Scotia in 1921, the youngest member of his class. He is the only son of Doctor and Mrs. Edward Jeffers of Parrsboro, N. S. who are naturally pleased over his success.

Dr. W. H. Robbins was a business visitor to Montreal the last week in January of this year.

Dr. H. P. Gouthro, formerly of North Sydney, but for a number of years in the Department of Immigration and in charge of the Detention Hospital, Pier 2, Halifax, has been transferred to Europe. He will exercise a certain supervision over the recently appointed Immigration Medical Officers.

During a considerable portion of January Mrs. Gilroy, wife of Dr. J. R. Gilroy of Oxford, N. S. was seriously ill. It is pleasing to know she has made a good recovery.

There are three full time health officers in Cape Breton County, Dr. J. K. McLeod for Sydney, with Doctors A. S. Kendall and A. C. Gouthro for the County. At least these medical men are paid a sufficient salary to enable them to devote considerable time to their very important work. Dr. John McDonald is physician to the C. B. Hospital for mental cases and Dr. W. H. Rice is jail physician.

Dr. J. Ross Millar of Amherst has been appointed Director of Medical Services of the Department of the Soldiers' Civil Re-establishment at Ottawa. The vacancy was caused by the recent resignation of Dr. W. C. Arnold who has held the position since 1920. Dr. Millar

Every Physician and Surgeon

particularly those who do not belong to some Association which protects against trumped-up and malicious claims, which are on the increase,

Should Have A Professional Liability Insurance Policy

No Protective Association gives the Protection given by our Liability Insurance Policies under which the Company undertakes to—

1. Investigate every claim.
2. Defend at no cost to assured.
3. Take over the Legal liability of the assured.
4. Pay up to \$15,000.00.
5. Cover QUALIFIED ASSISTANTS at half premium and NURSES at one quarter premium if included.

The Premium is only \$15.00 per annum
May we call and discuss this with you?

Thompson, Adams & Co., Ltd.
166 HOLLIS STREET, .∴ HALIFAX, N. S.

will bring to this position a very considerable knowledge of the disabilities of Ex-Soldiers and the difficulties in their re-establishment, this latter being the really big problem. The tendency in such a Government Department as this is to develop a number of Office Chair and Bureaucratic authorities unimpressed with the necessity of broad humaneness in considering the handicaps of individual cases. Machine procedures will not stand with Dr. Millar against the facts of a case. There will be expressed sincere regret that Dr. Millar is leaving Nova Scotia but it is the old story of our constant contribution in the person of men capable of handling large affairs. With the regret are our sincere congratulations.

Dr. James W. Sutherland of Malagash, recently on the staff of the Victoria General Hospital, has removed to Amherst and will practise there. He is well known in Cumberland County and Dr. Millar's introduction will gain for him a good reception by the public.

Very Negligent. "Ah' niggah, you should have seen that bedroom scene. That actress done come on the stage dressed in nothin' but her negligence."

Nova Aquaford, January 31, 1928. Mrs. Jacques D.... arrived home this evening after some weeks spent in the General Hospital. She was operated upon successfully by Doctor B.... for gall stones. Mrs. D. has suffered many operations and has been a strong lady to survive them.

The Browns were expecting a visit from their pastor. It was his custom to ask small children three questions—their name, age, and where bad children went to. Little Mary was fully instructed in the proper answers. The minister arrived and asked, "What's your name, little girl?" Mary was quite ready to display her intelligence;—"Mary, sir; five years old, go to hell."

How fast is your car, Jimson? It keeps about six months ahead of my income generally.

Amyot-MacDonald. The wedding took place in Winnipeg on February 2nd, 1928 of Dr. Gregoire F. Amyot, son of Dr. J. F. Amyot of Ottawa to Miss Katherine MacDonald, daughter of Dr. Dan. and Mrs. MacDonald of North Sydney, N. S. Congratulations.

Dr. F. L. Moore has left Economy to practise in Tennessee. Dr. C. G. Marsters of Bass River is desirous of returning to his earlier field of practice in the warm South and a large extent of country may soon be without medical service nearer than Great Village or Parrsboro.

“Constantly Before Us.”

The art of compounding PHYSICIANS' PRESCRIPTIONS, depends largely upon an intellectual grasp and a practical application of small details.

“The Carefull Chemists.”

MACLEOD, BALCOM, LIMITED

DRUGGISTS

34 MORRIS ST. 5 174 SPR. GARDEN ROAD
103 YOUNG ST. STORES 139 AGRICOLA ST.
COR. QUINPOOL RD. and OXFORD ST.
HALIFAX, N. S.

in Diabetic Diet



Listers

for STARCH FREE FOODS

Listers prepared casein Dietetic Flour is strictly free from starch, selfrising and easily made into a variety of attractive and palatable foods. Recipes are furnished in each carton.

Large Carton **Listers Flour** (enough for 30 bakings) **\$4.85** Small Carton **Listers Flour** (enough for 15 bakings) **\$2.75**

May be purchased from your local druggist or direct from
LISTERS Limited Huntingdon, Quebec CANADA

Dr. M. T. Sullivan of Glace Bay is the newly elected President of the Board of Trade of the largest Town in the Province.

Members of the profession will regret to learn of the serious illness of Mrs. McKeough, wife of Dr. Wm. T. McKeough of Sydney Mines. During the past few weeks she has considerably improved and her full recovery is expected, a hope which all our readers will share.

Not until early in February was Dr. W. H. Rice of Sydney able to leave hospital after his recent injury received while cranking his car.

Through the Halifax press the BULLETIN learns that the recent medical dance at Dalhousie was very successful and brought much credit to those who were active in its arranging. As a matter of fact it was one of the prettiest and jolliest of any dances held in the Dalhousie gymnasium. The chaperones were Mesdames (Dr.) McDougall, (Dr.) K. A. McKenzie, (Dr.) MacLarren and E. G. Young. The medical profession was represented by Doctors Marshall, Lessell, Jamieson and Bean. The Joe Mills Orchestra furnished the music for dancing.

It is rumored that Dr. F. L. Moore of Economy, N. S. is to join the exodus to the Southern States of the neighboring Republic. Of course it is a public health immigration that evidently our friends to the South have not been able to supply from their own resources. Nor does it follow that we have been giving them cheap labor. In Medicine, as in Engineering, we have for years been furnishing directing agents. Perhaps this is part of our contribution in the service of the Dominion to the Empire. Still we are sorry to lose them; and "Dinty" is no exception.

Dr. Moore, it will be remembered, was seriously ill a year or more ago, and perhaps the change of climate will be to his advantage. In any case "Dinty" may be assured that he has the best wishes of many friends wherever he may be. Previous to his departure the good people in his district gave him a send off that he must have greatly appreciated. Dr. Moore graduated from Dalhousie in 1924 and, for the past two years he has been a member of the Colchester Municipal Council.

Some changes in location should have been noted in the BULLETIN months ago. Although we pick up more of this chit-chat than any one really should expect, we do not see or remember everything. Almost a year ago, Dr. R. H. Stoddart of Upper Ship Harbor removed from the Province, did special work in New York and, with Mrs. Stoddart, located in the metropolitan city. They recently spent a short holiday in the Province visiting relatives and friends. We learn that Dr. Clarence Homans has only been at Caledonia by our mailing list, he having removed to Upper Ship Harbor when Dr. Stoddart left.

There is considerable illness in districts near New Glasgow necessitating two open nights for the liquor vendor.

Early in February Dr. Paul Balcom of Berwick returned to his home after being a patient in the Halifax Infirmary much improved in health.

Dr. Florence Murray, Dalhousie University 1919, Medical Missionary to Korea, after spending several months at her home in Pictou County and speaking in many towns in Nova Scotia, is now visiting New Brunswick, addressing churches and Mission Societies on the medical phases of missionary effort.

Dr. O. E. Warehouse of Upper Keswick, N. B., was a recent lecturer on some phases of health work to the students of the Normal College at Fredericton.

Dr. D. H. and Mrs. McAllister of Sussex left early in February for a visit to Montreal and New York.

Dr. S. N. Miller of Middleton was on the sick list for a time in February. We are glad to learn he is again on the job for the fifty-third year.

in cystitis and pyelitis

TRADE **PYRIDIDIUM** MARK

Phenyl - azo - alpha - alpha - diamino - pyridine hydrochlorides. Manufactured by the Pyridium Co., Ltd.

*For oral administration in the specific treatment
of genito-urinary and gynecological affections.*

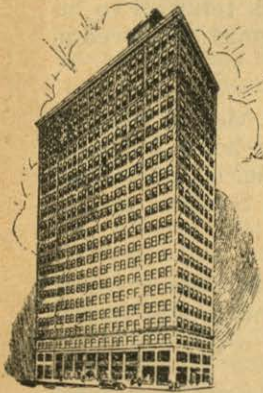
Sole distributors in Canada

MERCK & CO. INC.

Montreal

412 St. Sulpice St.

DR. COLLECTEM



The home of The Medical Audit Association—and the highest office building in the British Empire.

We collect your past-due accounts, Doctor. And we mail you a cheque Each Tuesday!

"No Collection
—No Charge."

THE MEDICAL AUDIT ASSOCIATION
44 Victoria Street, Toronto

Homewood Sanitarium GUELPH, Ontario



Nervous cases including Hysteria, Neurasthenia and Psychasthenia.

Mild and incipient mental cases.

Selected habit cases will be taken on advice of physician.

For rate and information, write

Harvey Clare, M. D.
Medical Superintendent

NEO-SILVOL

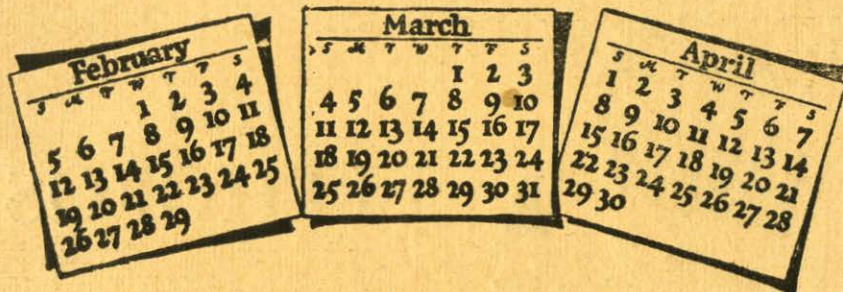
Practically Non-Staining

For local infections of accessible mucous membranes try Neo-Silvol, a colloidal silver iodide that is daily gaining in favor with discriminating physicians. Neo-Silvol is peculiarly adapted for this purpose because it does not stain the skin, mucous membrane, or linen with which it comes in contact; because it causes neither pain nor irritation to sensitive tissues; and because it has a selective action against certain bacteria which makes it even more effective than carbolic acid. For gonorrhoeal infections it is particularly appropriate: it is twenty times as strongly germicidal as pure carbolic acid.

Neo-Silvol is supplied in 1-oz. and 4-oz. bottles of the granules; in 6-grain capsules, bottles of 50; as a 5 per cent ointment in 1-drachm tubes; and as 5 per cent Vaginal Suppositories in boxes of 12

Literature will be promptly mailed on request

PARKE, DAVIS & COMPANY



Acute Affections of the Chest and Lungs
more effectively controlled

during these **3** months with

Antiphlogistine

USED by the Medical Profession the world over as the dressing of proven efficacy in the management of pleurisy, bronchitis and allied chest conditions.

A moment's reflection on the composition of **ANTIPHLOGISTINE**—with its c. p. Glycerine blended in synergistic coordination with the mildly stimulating boric and salicylic acids, compounds of iodine, and the oils of menthol, gaultheria, and eucalyptus—coupled with a test on a selected case, will persuade the modern practitioner that there is a definite basis for the adoption of Antiphlogistine as the treatment of choice in all those cases involving inflammatory and congestive conditions where the application and maintenance of continuous moist heat is so helpful.

The Denver Chemical Mfg. Co.,
163 Varick Street,
New York City.

Dear Sirs:

You may send me a complimentary copy of your booklet "The Pneumonic Lung" (sample included).

M. D.

St.

City..... State.....

ANALYSIS:

C. F. Glycerine.....	45.000%
Iodine.....	0.01
Boric Acid.....	0.1
Salicylic Acid.....	0.02
Essence of Menthol.....	0.002%
Essence of Gaultheria.....	0.002%
Essence of Eucalyptus.....	2.002%
Mineral Clay.....	54.994%



SAL LITHOFOS

AN IDEAL
EFFERVESCENT
SALINE
LAXATIVE

Indicated in the treatment of
Rheumatism, Gout and Lumbago.

THE WINGATE CHEMICAL CO. LIMITED
468 St. Paul St. W., Montreal

PANDIGAL

Advantages: Intensive and rapid digitalization, remarkably early and vigorous diuretic effect, excellent tolerance.

Indications: The slight and severe stages of cardiac disorder.

Directions: Usually 1 tablet or 5cc of liquid Pandigal (.5cc=20—22 drops) t.d. If necessary, the dose may be increased to three tablets or to 1.5 cc of liquid Pandigal (1.5cc=60 to 66 drops) t.d.

Supplies:

Tablets, 50 in screw-top glass container

Tablets, 12 in glass tube.

Drops, 15cc in dropping bottle.

Drops, 7.5 cc in dropping bottle.

SAMPLES FREE ON APPLICATION

MALLINCKRODT CHEMICAL WORKS, LTD.

468 St. Paul Street West. - Montreal